

5/4/06

MEMORANDUM

TO: State of New Jersey
Department of Environmental Protection
Division of Water Supply
Bureau of Water Systems and Well Permitting
P.O. Box 426
Trenton, NJ 08625

FROM: _____

SUBJECT: REQUEST FOR PERMIT CANCELLATION

*PLEASE USE INDIVIDUAL CANCELLATION FORMS FOR EACH PERMIT UNLESS PERMIT NUMBERS
LISTED ARE IN SEQUENTIAL ORDER*

In accordance with the conditions listed on the Permit to Drill Well, it is requested that the following permit number(s) be cancelled:

1. Permit Number(s): _____

2. Name of Owner: _____
(Only one Owner per form)

3. Signature of Drilling Contractor: _____

4. Registration Number: _____

5. Date: _____